

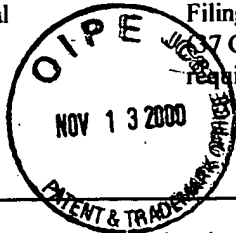
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Utility or Design Patent Application (37 CFR §1.63)

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge)
37 CFR 1.16 (e)
(required)



Attorney Docket No: 1000-0006

First Named Inventor: Dale C. Flanders

COMPLETE IF KNOWN:

Application Number: 09/645,827

Filing Date: August 25, 2000

Group Art Unit: _____

Examiner Name: Unknown

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

OPTICAL SYSTEM PRODUCTION SYSTEM

the specification of which (check one)

☐ is attached hereto. OR ☒ was filed on August 25, 2000 as United States Application Number or PCT International Application No. 09/645,827 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Attached?	
(Number)	(Country)	(Day/Month/Year filed)		YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

<u>60/165,431</u>	<u>November 15, 1999</u>
(Application Number)	(Filing Date)
<u>60/186,925</u>	<u>March 3, 2000</u>
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (U.S. Parent Application or PCT Parent No.)	_____ (Parent Filing date)	_____ (Parent Patent No. (if applicable))
_____ (U.S. Parent Application or PCT Parent No.)	_____ (Parent Filing date)	_____ (Parent Patent No. (if applicable))
_____ (U.S. Parent Application or PCT Parent No.)	_____ (Parent Filing date)	_____ (Parent Patent No. (if applicable))

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer No. 25263

OR

Registered practitioner(s) name/registration number listed below:

J. Grant Houston, Esq. Registration No: 35,900

Direct all correspondence to:

☒ Customer No. 25263

OR

☐ Correspondence Address below:

**J. Grant Houston, Esq.
AXSUN TECHNOLOGIES, INC.
One Fortune Drive
Billerica, Massachusetts 01821**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

☐ A Petition has been filed for this unsigned inventor

Full name of sole or first inventor Dale C. Flanders
(Given Name(first, middle [if any], and Family Name or Surname)

Inventor's Signature _____ Date _____

Residence 15 Preston Road
Lexington, MA 02420

Citizenship USA

Post Office Address Same as above

☐ A Petition has been filed for this unsigned inventor

Full name of second joint
inventor, if any _____

Peter S. Whitney

(Given Name(first, middle [if any], and Family Name or Surname)

Inventor's Signature _____

Date

9/21/00

Residence _____

39 Shade Street

Lexington, MA 02421

Citizenship _____

USA

Post Office Address _____

Same as Above

☐ A Petition has been filed for this unsigned inventor

Full name of third joint
inventor, if any _____

(Given Name(first, middle [if any], and Family Name or Surname)

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

☐ A Petition has been filed for this unsigned inventor

Full name of fourth joint
inventor, if any _____

(Given Name(first, middle [if any], and Family Name or Surname)

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

☐ A Petition has been filed for this unsigned inventor

Full name of fifth joint
inventor, if any _____

(Given Name(first, middle [if any], and Family Name or Surname)

Inventor's Signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____